Your Community and Mental Health

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BY ELIZABETH M. DACH

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YOUR COMMUNITY AND MENTAL HEALTH

BY ELIZABETH M. DACH

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"Jail is the only place for that kid," someone commented. "He's been a troublemaker all his life."

"Well, nobody can say his parents didn't try. His father strapped him regularly, and his mother kept after him from morning till night. I used to feel sorry for Harry sometimes. He got blamed for everything that happened in the neighborhood."

To Harry, home life seemed one long battle in which he was always the loser, and school a series of failures from which he played truant. The only success he achieved was with a group of younger boys who feared his undoubted talents for fighting and admired his bold imaginative leadership. Harry used these qualities to get into increasingly serious difficulties.

How did a husky, bright-eyed baby grow into the sullen, troubled boy of fourteen? One fact is clear. Nowhere along the line was any constructive help offered to Harry or his parents that might have improved family relations, made his school career a productive experience, or channeled his energies and abilities into better paths.

What opportunities does your community offer for home, school, and community to work together in fostering healthy patterns of growth and individual development for every child? The answers to questions like this are indicators of the mental health climate in which we live.

Sometimes the people of a community are shocked into action. For sustained effort in community development, however, people need a genuine personal interest, a feeling of personal involvement. Your interest in mental health may stem out of an illness in your family or among your friends. In other instances, it may grow from your service on the board of a community agency, or as a member (possibly a volunteer) of one of the health agencies. It may develop as a result of your experience as an employer, a supervisor, a foreman. Or it may derive from your activities as a health worker, a doctor, nurse, social worker, a minister, teacher, or lawyer — any of the professions whose job it is to help people with problems. Whatever your interest, you can join with others in the community in achieving your goal.

> *Mental health begins with people — first in people's thinking of their own needs, then in extending this consideration to those within the family circle and finally, to those in the community at large.*

This statement was made at the 1957 National Health Forum by Dr. Robert H. Felix, Director of the National Institute of Mental Health, part of the U. S. Public Health Service. The theme of the Forum — *Better Mental Health, Challenge to All Health Agencies* — focused discussion on specific action which people in every community can take today.

We have progressed considerably since 1946 when the National Mental Health Act was passed by the United States Congress. At first we were challenged by the plight of our fellow citizens, the mentally ill. As we looked into the problem, we suddenly realized they were people from our community, neighbors, co-workers, members of our church, friends, or relatives. We began to ask questions: Is anybody doing anything to prevent people from having to go to mental hospitals? What care and treatment does the hospital provide? When the patients return to the community, what happens to them? Asking questions is a healthy sign. Tracking down the answers provides a real learning experience. So we began to learn.

Many things can be done to strengthen mental health in the community. It is not necessary to sit back and wait for research to provide *all* the answers. We can shorten the lag between the development of new knowledge and its widespread application by putting to work today what is known today. We have to start from where we are, and from our experience we shall find out what needs to be done.

GUIDES TO ACTION

A number of constructive ideas were developed at the National Health Forum which can be helpful to everyone interested in community mental health. They do not provide a formula for universal application. Like individuals, each community is unique. Each has special qualities making it different from others. What is important or best for your community is not necessarily suitable for all — at least not without modification.

getting your bearings

To choose a starting point, we need a pretty fair idea of where we are and where we want to go. Obvious as this may be, it is not always followed. Somebody gets a fixed idea that if only the community had a mental health clinic, all its problems would be

solved. With valiant efforts on the part of many people, a clinic is established and everyone sits back and expects everyone to become mentally healthy overnight. It doesn't occur. People still have problems in which they are investing a great deal of emotional energy, and the clinic is not the appropriate place to take all of them. Thoughtful people begin to wonder if there aren't other resources which would be helpful. Perhaps, they think, it might be a good idea to find out what kinds of problems people in the community do have. The first task then, before undertaking an action program, is to inventory mental health needs carefully and to evaluate mental health resources. Because of the cost and the professional personnel required, it would be a Herculean task to make a complete community mental health study at once. But it is practical to survey one area or even two or three simultaneously. This self-study should be a prelude to action. The community should be ready to act before the facts grow cold and the study out-of-date.

choosing a focus of interest

A recent study completed by the New York City Youth Board illustrates vividly the significant information that can be obtained by a fact-finding survey. It showed that less than 1 per cent of the families were responsible for 75 per cent of the juvenile delinquency. These 150 families with a total of 850 children were identified as the real core of the delinquency problem. The Youth Board made contracts with a number of family counseling agencies to concentrate services on this hard-core group. This is heady information; not every survey will come up with a problem so neatly boxed as this one. Whatever area the community selects for fact-finding, it is essential to collect information in such a way that it is both reliable and useful.

Before selecting the area or areas to inventory, it is a good idea to find out whether any inventories have already been made that might be useful. Perhaps the information can be readily brought up-to-date. It may be possible to profit from the experience of those who made the inventory, avoiding the snags they encountered or overcoming the barriers to action they faced.

Your community may be interested in making a problem survey, an inventory of people in trouble. It could be confined to one or more problems such as the following:

The Mentally Ill — Adults and Children

Those from the community who are in hospitals.
Those in the community who are in doctors' hands.
Those who have come to the attention of community agencies.
Those released from the hospital and attempting a comeback.

Children with Problems

Those with school adjustment difficulties, reading handicaps, truancy records.
The mentally retarded.
The emotionally disturbed.
The delinquent.

These groups are not necessarily mutually exclusive but each, in its own right, presents specific mental health needs. The problem survey would not be just a head count. Inevitably it would include information on resources. What is being done? Who is doing it: How could other resources be utilized? What new services are needed?

Instead of a problem survey, your community may be interested in finding out what is going on to foster good mental health and what seem to be important gaps. Areas like the following might be selected.

Mental Health for Children and Youth

Psychological testing and diagnostic services in the school system.

Counseling services for pupils and their parents.

Remedial reading classes.

Mental health in-service training programs for teachers.

Family life education and preparation for marriage courses.

Mental Health for Adults

Pre-marital and marriage counseling.

Classes for parents-to-be.

Child study and parents' discussion groups.

Family counseling services.

Industrial counseling services.

Special services for older people.

Recreational programs.

Or the community may be interested in finding out if known methods of preventing certain types of mental and emotional disorders are being fully utilized.

maternal and child health services

How effective are pre-natal services in preventing congenital syphilis in the newborn; in protecting against the consequences of Rh incompatibility; in insuring good nutrition for pregnant women? How effective are obstetrical services in preventing birth

injuries? These and other factors can reduce the number of children born with brain damage, damage which can show up as cerebral palsy, epilepsy, mental deficiency, or behavior problems.

family or children's services

It has been proved conclusively that infants and young children need to have a continuous family life experience to become responsible individuals, capable of giving and receiving affection, able to live satisfactorily with the world around them. When the children in your community are deprived of normal family life by the illness or death of their father of mother, by parental desertion or imprisonment, or any of the events which damage or break up homes, you may ask: Are there good foster homes to which they can go temporarily or for long periods until their own family life can be reestablished? Is there a well-administered adoption program for those who cannot return to their own homes? Are there good homemaker services available during emergency situations to keep the family going?

The questions listed are by no means all-inclusive. They merely suggest some of the areas that might be explored. Here again, there should be fact-finding surveys to provide a basis for both long-range planning and immediate action.

seeking experienced consultation

In your community some of your fellow residents may be people with training and experience in survey and study techniques. If not, it is time-saving and money-saving to obtain consultation from outside the community. The consultant's job is not to tell the community what to do. He uses his training and his experience in many communities to help you decide what is the best approach to use in your community. He acts as a sort of catalyzer. There are four points at which your community may want the help of a consultant: (1) in selecting a practical and fruitful area for self study; (2) in determining costs, personnel needs, time required, sources of funds and personnel; (3) in selecting

immediate action items and in making long-range plans based on the results of the study; (4) in determining survey techniques.

resources for professional consultation

In nearly every state, free consultation is available to communities from the state mental health authority. In many states, this agency is in the health department. In others, it may be in the welfare department, in a mental health department, or some other state agency.

Perhaps there is a private foundation in your state which is interested in providing community consultation services such as The Hogg Foundation for Mental Health in Texas.

State and private universities usually can suggest people trained in mental health program development and survey and research skills.

The Joint Commission on Mental Illness and Health, 808 Memorial Drive, Cambridge, Massachusetts, is interested in local mental health studies. Established by an Act of Congress in 1955 as a temporary commission, it is eager to obtain comparative information throughout the country to determine if there are differences in trends, tendencies, patterns of utilization, and similar information. The Joint Commission offers specific help to any community or area that wants to undertake a self-study. It will help to plan the study so that it will bring in reliable information. It will help the community recruit qualified research people, which is the tough part of the job. The Commission *cannot* provide funds to assist in carrying out the study.

leadership to spearhead action

Somebody has to take the lead if any type of action is to get under way. A logical source of leadership for this task would be the local mental health association of which there are some 700 throughout the country. These are voluntary organizations of citizens who have set themselves three goals — to reduce the toll of mental illness, to contribute to the welfare of the mentally ill,

and to promote mental health. Working cooperatively with health, educational, and welfare agencies, they help to strengthen mental health services in the community and the state. If there is no mental health association in your community or your county, the organization of one offers a practical goal toward which to work.

Another leadership group would be the local health council, of which some 650 are known to be active. These are local voluntary associations or committees made up of the community's health agencies, professional societies, civic and fraternal groups, and citizens-at-large, interested in planning for the health improvement of the community. They may be independent local health councils, or committees or divisions of the Council of Social Agencies.

Women's clubs, the Junior League, the Junior Chamber of Commerce and other service organizations, have also demonstrated their interest and provided active support to mental health projects in many communities. Whichever group takes the leadership in initiating planning for action, it must be willing to subordinate its own identity and join hands with other groups in order to develop a truly representative cross-section of community interests.

building a broad community base

The term "community" should be understood to mean a "community of interest," not a geographical entity. In your area, it might be your county, your town, or one sector of life in your city. In developing the initial action group with a truly representative cross-section, it is necessary to decide what the "community of interest" encompasses.

The importance of a broadly representative group is repeatedly emphasized. It must not be just a group of professional people talking with each other. It should be a group who talk with each other and with the rest of the community. You need widespread understanding and support of your objectives, and readiness to

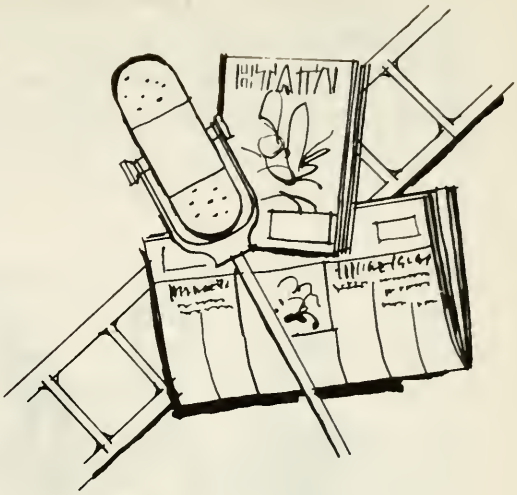
move forward when the self-study is completed. Certainly, unless people have an opportunity to participate in remaking their own environment, they will be emotionally unemployed and the important factor of neighborliness will be lost.

developing community support

An effective device for arousing interest in a community mental health project has been used in one state by communities ranging in size from 25,000 to 100,000 population. Each community called a meeting of civic-minded people interested in the children of the community together with social agency representatives. The latter presented reports, mostly impressionistic but, in some instances, based on an analysis of records, of the need for services for troubled children. A school principal reported on problems among the pupils. A pediatrician or family doctor described some of the emotional difficulties his patients presented. The judge reported on cases he handled. Similarly, a representative of the public welfare agency or a public health nurse reported experiences revealing needs which were not being met. This type of informal meeting dramatically focuses the subject not only for those attending but for the community at large. Newspaper stories and radio and TV reporting can bring it to the attention of everyone.

A one-shot affair is not enough to sustain interest. It can, however, arouse the support of such people as the editor of the newspaper, the manager of the radio station, the TV station, the moving-picture theater, and others who are skilled in providing the public with information in ways that will interest them. If you help them to obtain good, reliable information which they can use in their particular medium, they will be glad to cooperate. Not only are they, too, citizens of the community, but their specific activities are bound up with the interests of the community. Just printing, broadcasting, or telecasting speeches or panel discussions is not enough; to ensure a large audience, they need to be able to dramatize the facts.

Excellent films on a whole range of mental health subjects are available on loan or at a small rental fee, from state mental health authorities, universities, film libraries, etc. These can be run in moving picture theaters, cleared for televising, or shown to groups in churches, community centers, at club meetings, and to the PTA and other groups.



A characteristic example of what can happen when the people of a community are not involved in a community project occurred during World War II. A large military installation was built in a rural area which had no hospital. To serve both the civilians working at the military installation and the local residents, a modern 50-bed hospital was constructed. To the astonishment of the good people who sponsored it, only half the beds were occupied at any time. The local people looked on a hospital as a place where you go to die; certainly not a place to go when you are having a baby, break your leg, or develop pneumonia. Since they hadn't been involved in the project from the beginning, they had no opportunity to learn the many ways in which a modern hospital can serve a community.

In order to enlist and maintain community support, the initiating committee should include the community's "opinion leaders." These are the political, religious, business, banking, industrial, labor, and educational leaders, and public-spirited citizens. Many of them are already members of boards of community agencies and might be expected to be readily interested. However, it may happen that the mental health field is so new to them that they are not familiar with its significance and scope. If a direct approach to community leaders does not awaken interest, an indirect approach may do so. Since they are considered "leaders,"

it is implicit that they must have "followers" who could assume an information-giving responsibility. Well-informed "followers," by keeping the leaders abreast of developments, can pique their curiosity about what is underway.

Also represented should be the professionally-trained mental health workers — psychiatrists, psychiatric social workers, clinical psychologists, psychiatric and mental health nurses. In smaller communities it is quite possible that there may be no members of these professions.

In either event, the community base should include a member of the medical profession — perhaps a family doctor — and representatives of the health, social and welfare agencies, the schools, and the courts. Their professional activities inevitably bring them into mental health areas. The total group should be small in number — 12 or 14 members at most. This is important if the steering committee is to be effective.

the job of the steering committee

As the steering group, this committee would be responsible for deciding which mental health area in the community should be explored first, and for obtaining estimates of personnel needs and costs of the self-study. It is possible to make an inventory at little or no cost if qualified people are willing to volunteer their time and talents.

Being a broadly representative group, it would be familiar with potential sources of funds to carry out the project — a local foundation, industry, business men's organization or fraternal society, the community fund, or local governmental funds. It may be possible to obtain funds on a matching basis from the state. The cost factor would naturally be a consideration in selecting the area to be surveyed, and this is one of the points on which a consultant can be very helpful. In any event, the survey dollars need to be lined up before moving ahead.

Another task of the steering committee would be to set up the survey committee and, when the study is completed, plan action and set in motion the machinery to carry it out.

This group might also plan a community information program to keep everyone informed of what is going on.

selection of survey committee members

Development of the survey committee would begin after the steering committee had selected the mental health area to be explored. This decision would govern the professional and agency representation on the committee. If it is decided to gather facts about the mentally ill, the committee should include a representative of the state mental hospital to which people from the community go for treatment.

If information is to be collected from doctors, a psychiatrist or other physician would be helpful to act as liaison. In fact, the American Medical Association considers the role of the physician in community health efforts so important that one of its committees recently suggested guides to relationships between medi-

cine and health agencies or other citizen groups interested in health. The physician may be delegated by his medical association as an official representative to act for it, expressing the consensus of his colleagues. On the other hand, because of his specific professional interests or as a private citizen interested in his community, the physician may take part in the activities of health agencies and citizens groups without speaking for the medical association. The obligations of these roles are quite different, and the survey committee should know in which capacity the physician is serving. Frequently professional societies consider it wiser not to participate officially in a study for which they do not have full responsibility. But they are very cooperative on an individual member basis.

It is also helpful, but not essential, when collecting information from a specific professional group — doctors, social workers, teachers, ministers, and the like — to have the information collected by a member of the same profession. This does not mean that all of the professions should be represented on the working committee. But their interest and support should be enlisted from the start so that when it is time for them to take a hand in the project, they are ready and willing to move.

maintain a balance

Preserve a balance between "lay" and "professional" people on the committee. "Professional" is used to describe members of the mental health professions and other professions which, by training, experience, and specific responsibility, are concerned with the mental health area to be surveyed.

Invite people who can give the necessary time and who are willing to assume responsibility for definite assignments. No one should be invited as merely a "letterhead" member.

If you have been able to obtain the services of a person skilled in survey techniques to help set up the study and carry it through, he will undoubtedly smooth the way and help you avoid pitfalls.

WHEN YOU GET THE FACTS

Having discovered their needs, most communities find that they still have many obstacles to overcome. They must generally set their sights lower and move slowly. For this reason, if no other, it is important to bring in the consultant whose experience with different kinds of communities can help yours get off on the right foot.

In preparing a report on a survey in Columbus, Ohio, the committee discovered that it is important to distinguish between popular demand, professional demand, and actual need. Youth services were cited as a need which exists without a corresponding demand for it from social agencies or the public. This lack of demand may be due to public attitudes toward youth problems. Young people who get into trouble are frequently pigeonholed as delinquents or behavior problems. Hence they are regarded as requiring punishment rather than treatment. One way to distinguish between a need and a demand is to bring in two kinds of experts – one who knows the community and one who knows the particular service being considered. They will be able to recommend what is the wisest thing to do at the time.

long-range planning

When all the information from the community survey has been compiled, the survey committee will analyze it to determine what the actual needs are and, as an important corollary, why those needs have *not* been met. On the basis of this knowledge an effective strategy can be developed for meeting those needs. The survey committee may recommend a long-range plan covering a period of several years, with a time-table for each step.

The plan may include the development of such organizations as a mental health association, a local health council, a community recreation board. It may suggest that existing organizations and agencies strengthen or expand their mental health services through policy changes, in-service mental health training for the

staff, special graduate training for certain staff members. It may recommend initiating programs such as foster-care for children, foster-care for patients from mental hospitals, home-maker services, a Big Brother group – all programs in which individual people have an opportunity to take part. Many of these things can be carried out by using talents and special skills already existing in the community.

Developing services that require additional trained people and additional sums of money may be part of the long-range plan. These might be testing and counseling services in the school system, a family service agency, a child guidance or mental health clinic, or special classes for the mentally retarded or the physically handicapped. Whatever the recommendations, the steering committee will want to be selective and to work out an orderly process for reaching the goals.

Let's assume that your community has surveyed what happens to the people who become mentally ill. Perhaps you have learned that your community, like many others, provides little or no service to them or their families during their illness and convalescence. When they return from the hospital to the community, no helping hand is extended. It will take time, money, and specially-trained people to develop some of the services recommended by modern therapeutic practices. What can you do in the meanwhile?

immediate action

The people of your community can become good neighbors to the mentally ill. To be a good neighbor does not require professional training or additional money. It may require an information program to acquaint the people of the community with the facts about mental illness and the ways in which they can be helpful to the mentally ill and to their families. This is one of the activities that a mental health association undertakes. Other groups and individuals in the community can do many things to forward it.

When the patient's family is unable to accompany him to the hospital, arrangements can be worked out for him to go under medical rather than law-enforcement auspices. He *is* a sick person. In one rural county, the local mental health association discussed this problem with the health department and found that the public health nurse would be quite willing to accompany the patient to the hospital when his family could not.

Another neighborly act is to keep in touch with the patient while he is in the hospital. Send birthday and Christmas presents, perhaps a subscription to the local newspaper. Write a note to him from time to time, or pay a visit to the hospital. Help the patient's family to keep in touch with him by providing transportation to the hospital if it is needed. When the patient leaves the hospital, help him to feel welcome in the community and give him a job when he is ready for employment. Services of this kind may be coordinated by the local mental health association or any interested group.

These are all very simple things to do but they brighten the patient's chances for recovery and strengthen the morale of his family. Neighborly actions emphasize that a mental illness is an illness, not a scandal; that the patient is expected to recover; that his "place at the table" and his place in the community are waiting for him.

You may be interested in a "case history" of good-neighborliness and what it meant to a frightened young man. In Kentucky, a public health nurse went to the state hospital for an orientation course to sharpen her nursing skills in working with mentally ill patients and their families. She renewed her acquaintance with a former schoolmate who had been hospitalized for six years. He began to improve, and, in a few months, he was able to return home on convalescent leave. On one of her visits to him and his mother, she asked him why he didn't go out and he replied, "I can't go into town. Everybody knows I'm crazy." As it was a small community of some three thousand people, it is quite likely that everyone did know of his illness.

Undaunted, the nurse asked the Rotary Club if she might talk to them about mental illness. They cordially invited her and, in the course of her talk, she told them about John and his need for friendship and activity. She suggested that they not *ask* him to do things but simply *tell* him they would come by to pick him up at such and such a time for an afternoon's fishing, or to go to a ball game. As various members of the club renewed their acquaintance with him, some invited him home to dinner occasionally. The minister asked him to help with specific church activities. Members of the women's club gave him part-time jobs to do. Finally the day arrived when the doctor said John was ready to try a full-time job. He accepted one of two offered him by Rotary Club members, and has been working nearly three

years. It was not all "beer and skittles." Two or three times John felt ill and depressed and did not go to work. Each time, his employer has gone to see him to tell him how much he was needed on the job and each time John has returned to work. Thanks to neighborliness and help, he is a productive member of the community, rather than a chronic patient in the state hospital.

As the citizens of a community learn to become good neighbors to the mentally ill, it speeds up the time when more realistic policies and practices with respect to their treatment will be adopted. It speeds up the time when the community sees the wisdom of supporting adequate professional services to the patient and his family. Thus your long-range plans can gain substance and reality.

mental health education and training

Perhaps your community study surveyed programs and services to foster sound mental health, and turned up the information that there was not too much available of an educational nature. The survey committee recommended certain long-range plans for developing programs and services. For action within the reasonably near future, they might suggest mental health education or training programs for specific groups.

There are different levels of mental health education depending on the goal to be achieved. An information-giving program to spur people to specific action is on one level. In so far as an intellectual acceptance of facts is enough to motivate people to action, information-giving is effective. Many people, for example, will accept the fact that the mentally ill are sick people who need medical treatment, not homicidal maniacs who should be locked up. These people support constructive efforts to provide modern diagnostic and treatment services. But their feelings on the subject may not have changed. They may not be more understanding or personally accepting of the individual who is or has been mentally ill.

Then another level would combine information-giving and some degree of attitude-changing. At the Forum, a family doctor described a project in which he participated. In his community, the physicians selected the auxiliary of the general hospital as an appropriate group with whom to begin mental health education, because they are people who have already demonstrated their interest in helping the sick. Any illness has strong emotional components and, as the auxiliary members learned to recognized this factor, they began to understand something of the nature of mental and emotional disorders. The doctors encouraged the auxiliary members to give a little thought to the type of book they take to a patient, to have a little conversation with him, perhaps to offer a feeling of condolence when necessary, a symbolic pat on the back, a little good will. The family doctor summed it up by saying, "If we have only gotten over one concept to this group – that the psychiatrist's name doesn't have to be on the chart as attending physician for the patient to be suffering from an emotional problem – we think our efforts are worth while."

Mental health education for professional workers can go much deeper than information-giving. Its goal may include attitude- and behavior-changing, developing awareness of one's feelings about one's self and other people. This involves personal development in the direction of either changing feelings which are handicapping, or learning to recognize them and adjusting one's behavior to lessen the handicap. It is a much more intensive, long-term proposition, requiring skillful psychiatrically-trained leadership. In-service training of this character for teachers and other school personnel, for the professional staff of service agencies, hospitals, and institutions, is increasingly used as a device to strengthen the skills of professionals in working with the people who come to them for help.

Family life education programs, child study groups, and similar educational activities are on a different level. The programs are usually conducted under the leadership of a professional

worker in mental health or a trained discussion leader. Through the interchange of the group, individual parents gain understanding and a sense of security in rearing their own children.

SOME OF THE HURDLES

In undertaking a community self-study and subsequent action, there are a number of hurdles which will be encountered in almost any section of the country. They will differ in magnitude from one community to another, but they are factors to recognize and be dealt with sooner or later.

misunderstanding of mental health goals

As Dr. Margaret Mead of the World Federation for Mental Health commented:

> *Mental health defies precise definition. Instead, it is the mid-twentieth century way in which the world is expressing our hope of what good may come from a greater knowledge of the way in which men's lives are shaped by childhood experience, by relation with others, and by the forms of the societies in which they live.*

Mental health is a moving target, as Dr. Mead emphasized, not only varying from one neighborhood to another but from one culture to another, and constantly changing. In the United States today, we pretty generally accept the importance of strengthening the unity and stability of the family as a major mental health goal. In a primitive culture the loosening of the family structure to permit more effective contribution of the members to the

society as a whole might be considered a mental health goal. In one section of a community the goal may be to coagulate the neighborhood and foster neighborly cooperation for the good of all. In another section, the goal may be to separate people because they live so closely crowded together that health, safety, and well-being suffer.

Just because it is not possible to give an all-inclusive definition of mental health, it inevitably means different things to different people. Fortunately, there are many areas of agreement in which the people of a community can move forward.

lay leadership

It was pointed out at the National Health Forum that there is a tendency in some agencies, particularly in the mental health field, to have the program dominated by the experts — psychiatrists, clinical psychologists, and others. Awed by the professionals, the "layman" fails to take any leadership. It is the layman, however, who should be brought in to the fullest degree possible. He has an important role in any community organization. He has special knowledge and expertness in his own field of activity. He knows his community, his people and their problems, and what they are willing to support. Further, he can act as a catalyst in bringing about cooperative efforts among community agencies.

inter-agency cooperation

A real effort should be made to bring together all of the groups interested in any phase of mental health. Too often mental health services have reflected pressures from a special group or groups. This may be a way to get started in the beginning, but the same pressures may hinder the development of a broad community-wide program. Fear of loss of prestige, prerogatives or independence — a very human emotion — enters the picture. This is where the layman and other agency board members with no axes to grind may help in making sure that the program is as broad as possible.

personnel shortages

The great gap between the number of people in the mental health professions and the number we need is the biggest single limiting factor. There are, for example, about 10,000 psychiatrists in the United States today, and it is estimated that we need from two to three times that many. Similar situations exist in the fields of psychology, psychiatric nursing, psychiatric social work and related professions.

One of the problems in recruiting trained personnel is that current pay levels in the health professions, especially for individuals who work for salaries, have not kept pace with those in industry and elsewhere.

On the opposite side, many programs are under way to increase the number of well-trained people in the mental health professions. Since 1947, the Public Health Service has been making grants to universities and other training centers to strengthen and expand training for these professions, and to provide traineeships to students. Throughout the country, states have pooled their training resources in regional groups, such as the Southern Regional Education Board and the Western Inter-State Commission on Higher Education, to help meet the needs of the residents of the individual states.

needed **today**

For several years, the National Health Council has been carrying on an intensive campaign, in cooperation with local groups, to interest young people in entering the health — and mental health — field.

The medical schools are teaching basic psychiatry to all undergraduate medical students. Interns and residents in many hospitals throughout the country are receiving additional psychiatric experience. In this way, the family doctor and the doctor in any medical specialty will be equipped to recognize and deal with the emotional components of health problems. As one physician described it: The family doctor with the "healing touch," the doctor whose patients get well a little faster, is the doctor who has mastered just a little bit more of the art of medicine. His patients get well faster because he is paying more attention to their emotional needs.

The family doctor is in a position to recognize the early signs of mental illness and, when he considers it necessary, to refer his patient for psychiatric help, just as he may refer a patient to a heart specialist or a surgeon. When his patient becomes convalescent, he may assume responsibility for chemotherapy if the patient is on tranquilizing drugs. And leaders in the medical profession anticipate the time when the family doctor will visit his patients who are in mental hospitals, just as he visits those who are in other hospitals.

There is a growing trend toward providing mental health training to members of the "helping" professions — ministerial and rabbinical students, teachers in training, social workers, and lawyers. In-service training, workshops, and seminars are used widely in these professions to stimulate the skillful use of mental health techniques.

This means, of course, that there are excellent "mental health" resources among the people of every community. Those to whom people have always turned for help with their problems are among the most important.

money

In many ways the weakest link in the entire mental health movement is the serious disproportion between what we spend for the mentally ill compared with what we spend to maintain

mental health. In 1956 only 1 per cent of the total mental health bill in the states was devoted to non-hospital purposes.

Many communities are inaugurating mental health services or strengthening existing services through a combination of funds — federal-state to community, on the one hand, and local public and private funds on the other. Every state receives a grant each year from the National Institute of Mental Health of the Public Health Service for the development of community mental health services. In addition, five states — California, Minnesota, New Jersey, New York, and Vermont — have passed a Community Mental Health Services Act which provides state aid to *coordinated* local programs.

Can the community afford to develop a comprehensive mental health facility or establish a new one? The cost of a child guidance or a mental health clinic is likely to be in the $50,000-a-year category. The cost of a school psychologist or a psychiatric social worker in the county would range from $6,000 to $10,000 a year. A part-time person to coordinate a number of mental health activities in the community might cost from $2,500 to $3,000 a year.

The community may find it more practicable to finance a year or two of graduate work for one or more staff members of service agencies or to bring in personnel to conduct in-service training programs, workshops, and seminars for selected professional groups. There are many ways of making-do with the money available at the moment while planning for additional funds in the future. The real question is "Can we afford *not* to spend more money on preventive services?"

stigma of mental illness

Real strides are being made toward wiping out the stigma surrounding mental illness, but it is still one of the greatest handicaps to early treatment and recovery of the mentally ill person. When the patient leaves a mental hospital, society treats him schizophrenically, as one psychiatrist diagnosed the situation. We provide hospitals for the care and treatment of the mentally ill

person so that he may resume his place in the community. But when he returns from the hospital to the community, we shunt him off into social isolation, and offer him little or no help in getting back on his feet.

A recent study made in New York State disproved the old wives' tale that former patients of mental hospitals are apt to commit serious offenses. The study showed that their tendency to commit such offenses is *one-fourth* that of the rest of the population. Erasing the stigma is really a two-way process between the hospital and the people of the community.

Hiring policies which discriminate against persons who have been patients in mental hospitals, or which actually forbid employment of such people, make vocational rehabilitation very difficult.

Some years ago a candidate for the United States Senate realized that his one-time hospitalization for the treatment of a mental illness would be used against him in the campaign. Courageously, and with humor, he brought it out into the open, commenting that he was probably the only candidate in the state who could prove that he was sane. He had a certificate to that effect. He was elected.

FAVORABLE FACTORS

On the credit side of the ledger, there are many factors in favor of developing successful community mental health programs. The great surge of interest among people of all kinds is undeniable.

The recognition that mental health services should not be confined to clinics and hospitals but exist in many other areas of community life is growing. Churches, synagogues, schools, health agencies, courts, law-enforcement agencies, community centers, all can make significant contributions to the mental health of the community. Part and parcel of this is the realization that all the groups who serve the people of the community in an advisory, guidance, or teaching role can be "mental health" workers.

Close ties are being developed between the mental hospital and community agencies, health departments, welfare departments, vocational rehabilitation agencies, and others, to provide continuity of care for the patient when he comes home.

The use of volunteer workers in mental hospitals is helping to build a two-way road between the hospital and the community. The volunteer not only brings new interest and fresh courage to the patient but takes back new understanding to the community. Foster care for the mentally ill is opening homes and hearts to these patients.

Modern services, and specially trained people to provide them, are being developed for the mentally-retarded and their families to offer early diagnosis, training, and teaching.

The problem of alcoholism is now recognized as a medical problem. Special clinics, the use of general hospital facilities, and other resources are being developed to help the alcoholic recover and to aid his family during the terrible stress of his illness.

For the older person who becomes confused, difficult, and unhappy, more appropriate care than that which the mental hospital can offer is being worked out in many communities. Through home-maker and home nursing services, nutritional guidance, modern rehabilitation techniques, and activities centers for older people, vigorous efforts are being made to help them maintain a place in the sun and a share in community life.

Special help to the physically handicapped to enable them to lead as normal a life as possible has received tremendous impetus not only from medical progress but from recognition that they have the same basic emotional needs as other people. Opportunities to fulfill these needs through normal experiences such as education, recreation, employment, and community activity, are opening the doors to a productive life.

Because there is so much to do in the broad field of mental health, *everyone* has an opportunity to take part, and every community can act today to develop a better climate for mental health.

where to go for information and publications

National Association for Mental Health, 10 Columbus Circle, New York 19, New York.

National Association for Retarded Children, 99 University Place, New York 3, New York.

National Council on Alcoholism, 2 East 103rd Street, New York 29, New York.

National Health Council,* 1790 Broadway, New York 19, N. Y.

National Institute of Mental Health, Public Health Service, Department of Health, Education and Welfare, Bethesda, Md.

Your state or local Health Department.

Your state or local Mental Health Association.

related public affairs pamphlets

Cant, Gilbert. *New Medicines for the Mind.* Public Affairs Pamphlet No. 228. 25¢

Doyle, Kathleen Cassidy. *When Mental Illness Strikes Your Family.* Public Affairs Pamphlet No. 172. 25¢

Family Relations Packet—36 Public Affairs Pamphlets on mental health and family life at the special price of $6.00

Glasser, Melvin A. *What Makes a Volunteer?* Public Affairs Pamphlet No. 224. 25¢

Glover, Katherine. *Mental Health—Everybody's Business.* Public Affairs Pamphlet No. 196. 25¢

Polier, Justine Wise. *Back to What Woodshed?* Public Affairs Pamphlet No. 232. 25¢

Pratt, Dallas, M.D., and Neher, Jack. *Mental Health is a Family Affair.* Public Affairs Pamphlet No. 155. 25¢

Thorman, George. *Toward Mental Health.* Public Affairs Pamphlet No. 120. 25¢

Wishik, Samuel M., M.D. *How to Help Your Handicapped Child.* Public Affairs Pamphlet No. 219. 25¢

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* *Steps for Today Toward Better Mental Health,* the 118-page Final Report of the 1957 National Health Forum on which this pamphlet is based, is available from the National Health Council for $1.50.

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